

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____ Chapter 7☐ Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Panaceutics Nutrition, Inc.</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names	<u>FKA Panaceutics Nutrition, LLC</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>84-4740690</u>	
4. Debtor's address	Principal place of business <u>6 Davis Drive, Suite 110</u> <u>Durham, NC 27709</u> Number, Street, City, State & ZIP Code <u>Durham</u> County	Mailing address, if different from principal place of business <u>PO Box 110263</u> <u>Research Triangle Park, NC 27709</u> P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business <u>2311 Cane Creek Parkway Ringgold, VA 24586</u> Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	<u>https://panaceutics.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor Panaceutics Nutrition, Inc.
Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3254**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	Case number, if known	_____

Debtor Panaceutics Nutrition, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor Panaceutics Nutrition, Inc. Case number (if known) _____
 Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 30, 2023
 MM / DD / YYYY

X /s/ L. Staton Noel
 Signature of authorized representative of debtor

L. Staton Noel
 Printed name

Title CEO

18. Signature of attorney

X /s/ John A Northen
 Signature of attorney for debtor

Date June 30, 2023
 MM / DD / YYYY

John A Northen 6789
 Printed name

Northen Blue LLP
 Firm name

1414 Raleigh Rd
Ste 435
Chapel Hill, NC 27517-8834
 Number, Street, City, State & ZIP Code

Contact phone (919) 948-6823 Email address jan@nbfirm.com

6789 NC
 Bar number and State

**RESOLUTION AUTHORIZING COMMENCEMENT OF PROCEEDINGS UNDER
CHAPTER 7 OF THE BANKRUPTCY CODE FOR PANACEUTICS NUTRITION, INC.**

WHEREAS, the board of directors (the “Board”) of Panaceutics Nutrition, Inc. (the “Company”), at a duly convened meeting at which all members of the Board were present, upon review and consideration of the Company’s inability to continue operations at a level sufficient to satisfy outstanding and expected future obligations, determined in the exercise of its business judgment that it is in the best interest of the Company to liquidate the Company’s assets and to file a petition commencing a Chapter 7 proceeding in the U.S. Bankruptcy Court for the Middle District of North Carolina.

NOW, THEREFORE, BE IT RESOLVED that the Company is authorized to file a Chapter 7 petition in the United States Bankruptcy Court for the Middle District of North Carolina, and to otherwise proceed under Chapter 7 of the United States Bankruptcy Code, and

BE IT FURTHER RESOLVED that L. Staton Noel as Chief Executive Officer of the Company is authorized to execute the petition, schedules, statement of financial affairs, reports, and any other documents required for the Chapter 7 filing; and

BE IT FURTHER RESOLVED that the Company shall employ Northen Blue, L.L.P. as its bankruptcy counsel to file the Chapter 7 case and represent the Company in all proceedings thereunder; and

BE IT FURTHER RESOLVED that the Company shall enter into agreements with (i) L. Staton Noel as Chief Executive Officer and (ii) Mark Friedman as Chief Financial Officer, to provide services in such capacities, respectively, through the filing of the Chapter 7 petition and thereafter as reasonably required under applicable provision of the Bankruptcy Code, upon mutually acceptable terms and conditions.

Date: May 30, 2023

Panaceutics Nutrition, Inc.

By: *L Staton Noel*
L. Staton Noel, Secretary

Payments 3/28-6/30/2023 Panaceutics-Non-Insider payments over \$7,575 3/28-6/30/23

Vendor No.	Vendor - Name	Due Date	Document	Document Description	Total	
V00300	Northern Blue LLP	6/21/2023	Payment	PI002211 Invoice UPI002161	5,000.00	Legal
V00300	Northern Blue LLP	6/1/2023	Payment	PI002210 Invoice UPI002160	10,000.00	Legal
V00300 Total					15,000.00	
V00281	Ramp Credit Cards	4/3/2023	Payment	PI002034 Invoice UPI002020	5,000.00	Miscellaneous charges on credit card
V00281	Ramp Credit Cards	4/18/2023	Payment	PI002119 Invoice UPI002066	5,283.19	Miscellaneous charges on credit card
V00281	Ramp Credit Cards	5/11/2023	Payment	PI002157 Invoice UPI002105	3,000.00	Miscellaneous charges on credit card
V00281	Ramp Credit Cards	5/16/2023	Payment	PI002159 Invoice UPI002107	1,262.56	Miscellaneous charges on credit card
V00281	Ramp Credit Cards	6/20/2023	Payment	PI002205 Invoice UPI002158	966.02	Miscellaneous charges on credit card
V00281 Total					15,511.77	
V00042	AFCO	4/3/2023	Payment	PI002035 Invoice UPI002021	5,619.91	Insurance finance payments
V00042	AFCO	5/1/2023	Payment	PI002128 Invoice UPI002074	5,619.91	Insurance finance payments
V00042	AFCO	6/1/2023	Payment	PI002201 Invoice UPI002155	5,619.91	Insurance finance payments
V00042 Total					16,859.73	
V00100	Scott Insurance	6/27/2023	Payment	PI002219 Invoice UPI002165	23,715.00	Insurance
V00100	Scott Insurance	6/29/2023	Payment	PI002220 Invoice UPI002166	9,744.08	Insurance
V00100 Total					33,459.08	
V00093	Pittsylvania County Industrial Dev. Auth.	4/3/2023	Payment	PI002033 Invoice UPI002019	11,475.11	MEL, Rent, loan payments-Ringgold VA
V00093	Pittsylvania County Industrial Dev. Auth.	4/3/2023	Payment	ACH PITTS Pittsylvania County Industrial Dev. Auth.	20,693.87	MEL, Rent, loan payments-Ringgold VA
V00093 Total					32,168.98	
V00043	ARE-NC Region No. 14, LLC	4/3/2023	Payment	WIRE ARE ARE-Wire payment 4.4.23-April rent and past charges	50,019.95	Rent, 6 Davis Drive plus prior month deferred charge
V00043	ARE-NC Region No. 14, LLC	5/5/2023	Payment	PI002144 Invoice UPI002034	35,060.12	Rent, 6 Davis Drive
V00043 Total					85,080.07	
V00213	TriNet	3/31/2023	Payment	PI002028 Invoice UPI002000	76,946.15	Payroll
V00213	TriNet	3/31/2023	Payment	PI002029 Invoice UPI001999	6,407.81	Payroll
V00213	TriNet	4/14/2023	Payment	PI002080 Invoice UPI002029	6,428.05	Payroll
V00213	TriNet	4/28/2023	Payment	PI002109 Invoice UPI002063	76,407.69	Payroll
V00213	TriNet	4/28/2023	Payment	PI002110 Invoice UPI002064	6,124.96	Payroll
V00213	TriNet	5/12/2023	Payment	PI002160 Invoice UPI002090	6,227.67	Payroll
V00213	TriNet	5/30/2023	Payment	PI002170 Invoice UPI002118	76,291.12	Payroll
V00213	TriNet	6/15/2023	Payment	PI002204 Invoice UPI002146	1,039.00	Payroll
V00213	TriNet	6/22/2023	Payment	PI002208 Invoice UPI002149	12,448.77	Payroll
V00213	TriNet	5/26/2023	Payment	PI002168 Invoice UPI002116	6,307.61	Payroll
V00213	TriNet	6/21/2023	Payment	PI002207 Invoice UPI002148	6,703.45	Payroll
V00213	TriNet	6/8/2023	Payment	PI002198 Invoice UPI002133	7,342.28	Payroll
V00213 Total					288,674.56	
Grand Total					486,754.19	

Panaceutics Nutrition, Inc Insider payments 6/28/22-6/27/23

Vendor No.	Vendor - Name	Due Date	Document	Document No.	Description	Total	Notes
V00068	HBC Holding Co LLC	10/31/2022 Payment	3933		HBC Holding Co LLC	2,831.99	Royalty
V00068	HBC Holding Co LLC	1/30/2023 Payment	4042		HBC Holding Co LLC	2,951.97	Royalty
V00068	HBC Holding Co LLC	4/28/2023 Payment	4111		HBC Holding Co LLC	2,410.38	Royalty
V00068 Total						8,194.34	
V00081	Lakeview Business Adv	6/30/2022 Payment	PI001515		Invoice UPI001495	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	7/29/2022 Payment	PI001568		Invoice UPI001547	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	8/31/2022 Payment	PI001627		Invoice UPI001605	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	9/30/2022 Payment	PI001675		Invoice UPI001645	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	10/28/2022 Payment	PI001767		Invoice UPI001736	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	11/30/2022 Payment	PI001798		Invoice UPI001789	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	12/28/2022 Payment	PI001868		Invoice UPI001835	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	1/31/2023 Payment	LVBAM-PARTIAL 1.2023		Lakeview Business Advisory and Management, LLC	7,500.00	Contract services--CFO
V00081	Lakeview Business Adv	3/31/2023 Payment	PI002030		Invoice UPI002015	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	4/28/2023 Payment	PI002121		Invoice UPI002067	15,000.00	Contract services--CFO
V00081	Lakeview Business Adv	6/15/2023 Payment	1111		Lakeview Business Advisory and Management, LLC	15,000.00	Retention payment-related to bankruptcy
V00081	Lakeview Business Adv	6/14/2023 Payment	PI002203		Invoice UPI002157	15,000.00	Contract services--CFO
V00081 Total						172,500.00	
V00137	Staton Noel	11/16/2022 Payment	3949		Staton Noel	1,333.79	Expense reimbursement
V00137	Staton Noel	6/15/2023 Payment	PI002214		Invoice UPI002164	20,000.00	Retention payment-related to bankruptcy
V00137 Total						21,333.79	
Grand Total							
Grand Total						202,028.13	

Staton Noel--also during period:

Gross Wages	Benefits	401K
174,431.81	6,880.00	7,197.49

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 30, 2023**X /s/** L. Staton Noel

Signature of individual signing on behalf of debtor

L. Staton Noel

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 1,295,177.04**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 1,295,177.04**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 3,551,164.59**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 7,075.45**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 282,439.89**4. Total liabilities**
Lines 2 + 3a + 3b\$ 3,840,679.93

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$28.32**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Truist BankChecking5746\$25,391.013.2. Truist BankMoney market0503\$3,383.813.3. Brex Treasury, LLCOther financial account0945\$70,931.56**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$99,734.70**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Debtor Panaceutics Nutrition, Inc.
Name

Case number (If known) _____

7.1. Security deposit, lease for NC premises \$18,558.347.2. Security deposit, lease for VA premises \$6,750.007.3. Security deposit, Sigma Equipment lease \$5,500.008. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment8.1. Vendor prepayments \$4,363.009. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$35,171.34**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>40,000.00</u>	-	<u>0.00</u>	=	<u>\$40,000.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$40,000.00**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
	Raw material items		<u>\$107,031.00</u>	<u>Book Value</u>	<u>\$107,031.00</u>
	Packaging		<u>\$18,919.00</u>	<u>Book Value</u>	<u>\$18,919.00</u>

Debtor Panaceutics Nutrition, Inc. Case number (If known) _____
 Name

Consumables \$14,429.00 Book Value \$14,429.00

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$140,379.00

24. **Is any of the property listed in Part 5 perishable?**

☐ No
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Value included in item 50	<u>\$0.00</u>		<u>Unknown</u>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor Panaceutics Nutrition, Inc.
Name

Case number (If known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Machinery & equipment	\$261,978.00	Book Value	\$261,978.00
	Machinery & equipment-MEL purchased	\$205,755.00	Book Value	\$205,755.00
	Machinery & equipment-MEL leased	\$205,755.00	Book Value	\$205,755.00
	Computer equipment	\$6,404.00	Book Value	\$6,404.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$679,892.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.	Leasehold improvements	Lessee	\$250,576.00	Book Value	Unknown

Debtor Panaceutics Nutrition, Inc.
Name

Case number (If known) _____

56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐
- No
-
- ☒
- Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒
- No
-
- ☐
- Yes

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐
- No. Go to Part 11.
-
- ☒
- Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Patents	\$73,694.00	Book Value	Unknown
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property Intangible assets	\$8,070,000.00	Book Value	Unknown

65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒
- No
-
- ☐
- Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒
- No
-
- ☐
- Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒
- No
-
- ☐
- Yes

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐
- No. Go to Part 12.
-
- ☒
- Yes Fill in the information below.

Debtor Panaceutics Nutrition, Inc.
Name

Case number (If known) _____

Current value of
debtor's interest71. **Notes receivable**
Description (include name of obligor)72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)73. **Interests in insurance policies or annuities**D&O liability policy, extended reporting periodUnknown74. **Causes of action against third parties (whether or not a lawsuit has been filed)**Keen Growth Capital Fund II LP: installment
past due and in default\$300,000.00**Nature of claim** Funding obligation**Amount requested** \$300,000.0075. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$300,000.0079. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor Panaceutics Nutrition, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$99,734.70	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$35,171.34	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$40,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$140,379.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$679,892.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$300,000.00	
91. Total. Add lines 80 through 90 for each column	\$1,295,177.04	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,295,177.04

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

Name

including this creditor and its relative priority.

☐ Unliquidated
☐ Disputed**2.3 Industrial Development Authority**

Creditor's Name

Attn: Matthew D. Rowe,
Director of Economic Dev.
1 Center Street
PO Box 426
Chatham, VA 24531

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
7/10/2018**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**Machinery & equipment-MEL purchased;
Machinery & equipment-MEL leased; Leasehold improvements; Security deposit, lease for VA premises

\$161,711.00

\$418,260.00

Describe the lien**Non-Purchase Money Security****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed**2.4 Keen Growth Capital Fund II LP**

Creditor's Name

Attn: Jonathan Smiga,
Managing Partner
513 Main Street
Windermere, FL 34786

Creditor's mailing address

jonathan@keengrowthcapital.com

Creditor's email address, if known

Date debt was incurred
3/15/2023**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

\$100,000.00

\$0.00

Describe the lien**Non-Purchase Money Security****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.5 Launch Place Seed Fund II, LLC**

Creditor's Name

Attn: Eva Doss
527 Bridge Street, Suite 200
Danville, VA 24541

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$200,000.00

\$0.00

Describe the lien**Non-Purchase Money Security****Is the creditor an insider or related party?**☒ No

Debtor Panaceutics Nutrition, Inc.
Name

Case number (if known) _____

Creditor's email address, if known _____

Date debt was incurred
3/15/2023**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed**2.6** Sigma Equipment, Inc.

Creditor's Name

Attn: Officer
424 E. Inglefield Rd
Evansville, IN 47725

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred
4/15/2022**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**
Security deposit, Sigma Equipment lease\$2,750.00\$5,500.00**Describe the lien**UCC-1 Financing Statement**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.7** Worth Harris

Creditor's Name

608 Gaston Street
Raleigh, NC 27603

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred
3/15/2023**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**\$200,000.00\$0.00**Describe the lien**Non-Purchase Money Security**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$3,551,164.59**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Debtor Panaceutics Nutrition, Inc. Case number (if known) _____
Name

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you
enter the related creditor?

Last 4 digits of
account number for
this entity

Adrienne Zitka
DSM North America Legal
45 Waterview Blvd.
Parsippany, NJ 07054

Line 2.2

DSM Venturing B.V.
Attn: Pieter Wolters, Managing Director
Het Overloon 1, 6411 TE Heerlen
The Netherlands

Line 2.2

J. Vaden Hunt, County Attorney
1 Center Street
PO Box 426
Chatham, VA 24531

Line 2.3

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Delaware Dept. of State Division of Corporations PO Box 898 Dover, DE 19903 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Franchise tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,100.38	\$4,100.38
2.2	Priority creditor's name and mailing address Pittsylvania County Treasurer Attn: Kim Van Der Hyde PO Box 426 Chatham, VA 24531 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Ad Valorem Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,975.07	\$2,975.07
2.3	Priority creditor's name and mailing address Virginia Dept of Taxation Office of Customer Services P.O. Box 1115 Richmond, VA 23218-1115 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	Unknown

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.
 Official Form 206E/F **Schedule E/F: Creditors Who Have Unsecured Claims** page 1 of 6

Debtor Panaceutics Nutrition, Inc.
Name

Case number (if known) _____

out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Americold Logistics, LLC 111 Imperial Drive Sanford, NC 27330 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address Aptean, Inc. PO Box 743722 Atlanta, GA 30374-3722 Date(s) debt was incurred <u>various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,699.00
3.3	Nonpriority creditor's name and mailing address ARC3 Gases, Inc. Attn: Officer PO Box 896866 Charlotte, NC 28289-6866 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.35
3.4	Nonpriority creditor's name and mailing address Dodson Bros. Exterminating Co., Inc. Attn: Officer PO Box 10219 Danville, VA 24543 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.5	Nonpriority creditor's name and mailing address Economy Exterminators, Inc. Attn: Officer PO Box 4493 Cary, NC 27519 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.91
3.6	Nonpriority creditor's name and mailing address Edison Consults, LLC Attn: Officer 202 Hemler Dr. Chapel Hill, NC 27517 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.7	Nonpriority creditor's name and mailing address EMSL Analytical, Inc. Attn: Officer 200 Route 130 North Riverton, NJ 08077 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,238.30

Debtor	Panaceutics Nutrition, Inc. <small>Name</small>	Case number (if known) _____
--------	--	------------------------------

3.8	Nonpriority creditor's name and mailing address Eurofins Food Chemistry Testing US Inc. Attn: Officer PO BOX 1482 Carol Stream, IL 60132-1482 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,958.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Everworks Ltd. Attn: Officer 268 Bush Street 3334 San Francisco, CA 94104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address FedEx Attn: Officer PO Box 223125 Pittsburgh, PA 15251-2125 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$259.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address First Piedmont Corp. Attn: Officer PO Box 1069 Chatham, VA 24531 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$336.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address GCR Company, Inc. Attn: Officer 1104 Seymour Drive PO Box 511 South Boston, VA 24592 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Green Wave Ingredients, Inc. Attn: Officer PO Box 102922 Pasadena, CA 91889-2922 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Hire Dynamics Attn: Officer PO Box 116834 Atlanta, GA 30368-6834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,953.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Panaceutics Nutrition, Inc. <small>Name</small>		Case number (if known)
--------	--	--	------------------------

3.15	Nonpriority creditor's name and mailing address Hughes Pittman Gupton 1500 Sunday Drive, Suite 300 Raleigh, NC 27607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
3.16	Nonpriority creditor's name and mailing address Insight Software Attn: Officer PO Box 200386 Pittsburgh, PA 15251-0386 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.03
3.17	Nonpriority creditor's name and mailing address Lakeview Business Advisory & Management Attn: Officer 7217 Blaney Bluffs Lane Raleigh, NC 27606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,500.00
3.18	Nonpriority creditor's name and mailing address OneFul Health, Inc. Attn: Officer PO Box 110263 Durham, NC 27709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>License fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,718.67
3.19	Nonpriority creditor's name and mailing address Pittsylvania Co. Treasurer Attn: Kim Van Der Hyde PO Box 426 Chatham, VA 24531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,544.63
3.20	Nonpriority creditor's name and mailing address Prolergy Corporation Attn: Mike Reynoldson 6345 Balboa Blvd Bldg 3, Ste 350 Encino, CA 91316 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deposit on purchase order</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,800.00
3.21	Nonpriority creditor's name and mailing address Pureflow, Inc. Attn: Officer Dept. #808 P.O. Box 1000 Memphis, TN 38148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$563.00

Debtor	Panaceutics Nutrition, Inc. <small>Name</small>	Case number (if known) _____
--------	--	------------------------------

3.22	Nonpriority creditor's name and mailing address Southeastern Paper Group, Inc. Attn: Officer P.O. Box 330 Browns Summit, NC 27214-0300 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.43
3.23	Nonpriority creditor's name and mailing address Southern Air, Inc. Attn: Officer PO Box 4205 Lynchburg, VA 24502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$997.00
3.24	Nonpriority creditor's name and mailing address Southern Security Group, Inc. Attn: Officer 1421 E. Broad St., Suite 348 Fuquay Varina, NC 27526 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.00
3.25	Nonpriority creditor's name and mailing address Spinak Consulting LLC Attn: Officer 5 Park Place, Suite 317 Annapolis, MD 21401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.75
3.26	Nonpriority creditor's name and mailing address Spraying Systems Co Attn: Officer PO Box 95564 Chicago, IL 60694-5564 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,112.00
3.27	Nonpriority creditor's name and mailing address Triangle Compounding Pharmacy Inc Attn: Officer 3700 Regency Parkway, Suite 140 Cary, NC 27518 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,399.02
3.28	Nonpriority creditor's name and mailing address Uline Attn: Officer PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.97

Debtor Panaceutics Nutrition, Inc. Case number (if known) _____
Name

3.29 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$2,523.02
 VideoJet Technologies, Inc.
 Attn: Officer
 12113 Collection Center Drive
 Chicago, IL 60693
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: Equipment lease
 Is the claim subject to offset? ☒ No ☐ Yes

3.30 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$14,092.00
 Wyrick Robbins Yates & Ponton LLP
 Attn: Officer or Managing Agent
 4101 Lake Boone Trail, Suite 300
 Raleigh, NC 27607
☐ Contingent
☐ Unliquidated
☐ Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: Attorney Fees
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>7,075.45</u>
5b.	+ \$ <u>282,439.89</u>
5c.	\$ <u>289,515.34</u>

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1.	State what the contract or lease is for and the nature of the debtor's interest	R/E lease, Suites 108, 209 & S134 6 Davis Drive, Durham, NC	
	State the term remaining	January 31, 2024	ARE-NC Region No. 14, LLC Alexandria Real Estate Equities, Inc. Attn: Oliver Sherrill 26 North Euclid Ave. Pasadena, CA 91101
	List the contract number of any government contract	_____	_____
<hr/>			
2.2.	State what the contract or lease is for and the nature of the debtor's interest	R/E lease & option, 2311 Cane Creek Pkwy, Ringgold East Industrial Park, Pittsylvania Co., PA	
	State the term remaining	July 2028	Industrial Development Authority Attn: Matthew D. Rowe, Director of Economic Dev. 1 Center Street PO Box 426 Chatham, VA 24531
	List the contract number of any government contract	_____	_____
<hr/>			
2.3.	State what the contract or lease is for and the nature of the debtor's interest	License Agreement	
	State the term remaining		OneFul Health, Inc. Attn: Edison Hudson, Jr. 3700 Regency Parkway, Suite 140 Cary, NC 27518
	List the contract number of any government contract	_____	_____
<hr/>			
2.4.	State what the contract or lease is for and the nature of the debtor's interest	Retention agreement for transition services	
	State the term remaining		Lakeview Business Advisory & Management Attn: Mark Friedman 7217 Blaney Bluffs Lane Raleigh, NC 27606
	List the contract number of any government contract	_____	_____
<hr/>			

Debtor 1 Panaceutics Nutrition, Inc.
 First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest Retention Agreement for transition services

State the term remaining

List the contract number of any government contract _____

L. Staton Noel
 6 Davis Drive, Suite 110
 Durham, NC 27709

- 2.6. State what the contract or lease is for and the nature of the debtor's interest Equipment rental agreement

State the term remaining

List the contract number of any government contract _____

Sigma Equipment, Inc.
 Attn: Officer
 424 E. Inglefield Rd
 Evansville, IN 47725

- 2.7. State what the contract or lease is for and the nature of the debtor's interest Equipment service agreement

State the term remaining

List the contract number of any government contract _____

Videojet
 Attn: Brent Walton
 1500 Mittel Boulevard
 Wood Dale, IL 60191

- 2.8. State what the contract or lease is for and the nature of the debtor's interest Filtration system

State the term remaining

List the contract number of any government contract _____

Pureflow, Inc.
 1241 Jay Lane
 Graham, NC 27253

- 2.9. State what the contract or lease is for and the nature of the debtor's interest Maintenance agreement

State the term remaining

List the contract number of any government contract _____

Pureflow Inc.
 Dept. #808
 PO Box 1000
 Memphis, TN 38148

Debtor 1 Panaceutics Nutrition, Inc.

Case number (if known)

First NameMiddle NameLast Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interestTechnology usage agreement

State the term remainingPathoSans

List the contract number of any government contractAttn: Christine Oxenrider

100 W. Lake Dr.

Glendale Heights, IL 60139

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.11 OneFul Health, Inc.	f/k/a Panacea Biomatx, Inc. Attn: Edison Hudson, Jr. 3700 Regency Parkway, Suite 140 Cary, NC 27518	Industrial Development Authority	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name Panaceutics Nutrition, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**From the beginning of the fiscal year to filing date:
From 01/01/2023 to Filing Date**Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$147,067.00For prior year:
From 01/01/2022 to 12/31/2022☒ Operating a business☐ Other _____\$217,293.00For year before that:
From 01/01/2021 to 12/31/2021☒ Operating a business☐ Other _____\$79,408.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached exhibit 3	various	\$486,754.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>see exhibit</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See attached exhibit 4	various	\$202,028.00	see exhibit
see exhibit			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <u>Northern Blue LLP</u> <u>1414 Raleigh Road, Suite 435</u> <u>Chapel Hill, NC 27517</u>		<u>June 1, 2023</u>	<u>\$10,000.00</u>

Email or website addressWho made the payment, if not debtor?

11.2. <u>Northern Blue, LLP</u>		<u>June 20, 2023</u>	<u>\$5,000.00</u>
---------------------------------	--	----------------------	-------------------

Email or website addressWho made the payment, if not debtor?**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---	---------------------------	--------------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

14.1. 2311 Cane Creek Parkway Ringgold, VA 24586	
---	--

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	--

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---	------------------------------------	----------------------------------	---	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Cold storage 111 Imperial Drive Sanford, NC 27330	Manager Americold Logistics, LLC 111 Imperial Drive Sanford, NC 27330	inventory	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. Lakeview Business Advisory & Management
7217 Blaney Bluffs Lane
Raleigh, NC 27606

6/8/2020-present

26a.2. Hughes Pittman & Gupton LLP
1500 Sunday Drive, Suite 300
Raleigh, NC 27607

2020-2021 tax returns

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

L. Staton Noel

Isnoel3@gmail.com

Director, CEO

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Ed Hauck	ed@nutritionadvisors.com	Director	

Name	Address	Position and nature of any interest	% of interest, if any
Scott Horner	scott.horner@dsm.com -	Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Mark Friedman	friedman.mark@gmail.com	CFO	terminated 5/30/2023

Name	Address	Position and nature of any interest	Period during which position or interest was held
Gregory McParland	greg.mcparland@dsm.com	Director	resigned April 17, 2023

Name	Address	Position and nature of any interest	Period during which position or interest was held
Adam Monroe	adam.uamonroe@gmail.com	Director and CEO	resigned October 2022

Name	Address	Position and nature of any interest	Period during which position or interest was held
Eva Doss	edoss@thelaunchplace.org	Director	resigned May 30, 2023

Name	Address	Position and nature of any interest	Period during which position or interest was held
Worth Harris	worth.harris@gmail.com	Director	resigned May 30, 2023

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 L. Staton Noel	gross salary, \$174,432	various	services
Relationship to debtor officer			

Debtor Panaceutics Nutrition, Inc.

Case number (if known) _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 30, 2023

/s/ L. Staton Noel
 Signature of individual signing on behalf of the debtor

L. Staton Noel
 Printed name

Position or relationship to debtor CEOAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Middle District of North Carolina

In re Panaceutics Nutrition, Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	15,000.00
Balance Due	\$	0.00

2. \$ 338.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
 Analysis of financial situation, and rendering of advice and assistance to client in determining if a petition should be filed under Title 11 of the US Code. Preparation and filing of the petition, schedules and statement of affairs and other documents required by the court, including any amendments to the schedules. Representation at the meeting of creditors. Representation of debtor in providing Trustee or Bankruptcy Administrator with compliance documents or other information and documents. Unless otherwise stated fee paid by client includes filing fees.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 Adversary Proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 30, 2023

Date

/s/ John A Northern

John A Northern 6789

Signature of Attorney

Northern Blue LLP

1414 Raleigh Rd

Ste 435

Chapel Hill, NC 27517-8834

(919) 948-6823 Fax: (919) 942-6603

jan@nbfirm.com

Name of law firm

**United States Bankruptcy Court
Middle District of North Carolina**

In re Panaceutics Nutrition, Inc.

Debtor(s)

Case No. _____

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: June 30, 2023

/s/ L. Staton Noel

L. Staton Noel/CEO

Signer/Title

Adrienne Zitka
DSM North America Legal
45 Waterview Blvd.
Parsippany, NJ 07054

Americold Logistics, LLC
111 Imperial Drive
Sanford, NC 27330

Aptean, Inc.
PO Box 743722
Atlanta, GA 30374-3722

ARC3 Gases, Inc.
Attn: Officer
PO Box 896866
Charlotte, NC 28289-6866

ARE-NC Region No. 14, LLC
Attn: Oliver Sherrill
Alexandria Real Estate Equities, Inc. 26
Pasadena, CA 91101

Delaware Dept. of State
Division of Corporations PO Box 898
Dover, DE 19903

Dodson Bros. Exterminating Co., Inc.
Attn: Officer
PO Box 10219
Danville, VA 24543

DSM Venturing B.V.
Attn: Officer
Urmonderbaan 22 Geleen LI 6167 Netherlan

DSM Venturing B.V.
Attn: Pieter Wolters, Managing Director
Het Overloon 1, 6411 TE Heerlen The Neth

Economy Exterminators, Inc.
Attn: Officer
PO Box 4493
Cary, NC 27519

Edison Consults, LLC
Attn: Officer
202 Hemler Dr.
Chapel Hill, NC 27517

EMSL Analytical, Inc.
Attn: Officer
200 Route 130 North
Riverton, NJ 08077

Eurofins Food Chemistry Testing US Inc.
Attn: Officer
PO BOX 1482
Carol Stream, IL 60132-1482

Everworks Ltd.
Attn: Officer
268 Bush Street 3334
San Francisco, CA 94104

FedEx
Attn: Officer
PO Box 223125
Pittsburgh, PA 15251-2125

First Piedmont Corp.
Attn: Officer
PO Box 1069
Chatham, VA 24531

GCR Company, Inc.
Attn: Officer
1104 Seymour Drive PO Box 511
South Boston, VA 24592

Green Wave Ingredients, Inc.
Attn: Officer
PO Box 102922
Pasadena, CA 91889-2922

Hire Dynamics
Attn: Officer
PO Box 116834
Atlanta, GA 30368-6834

Hughes Pittman Gupton
1500 Sunday Drive, Suite 300
Raleigh, NC 27607

Industrial Development Authority
Attn: Matthew D. Rowe, Director of Econo
1 Center Street PO Box 426
Chatham, VA 24531

Insight Software
Attn: Officer
PO Box 200386
Pittsburgh, PA 15251-0386

J. Vaden Hunt, County Attorney
1 Center Street PO Box 426
Chatham, VA 24531

Keen Growth Capital Fund II LP
Attn: Jonathan Smiga, Managing Partner
513 Main Street
Windermere, FL 34786

L. Staton Noel
6 Davis Drive, Suite 110
Durham, NC 27709

Lakeview Business Advisory & Management
Attn: Officer
7217 Blaney Bluffs Lane
Raleigh, NC 27606

Lakeview Business Advisory & Management
Attn: Mark Friedman
7217 Blaney Bluffs Lane
Raleigh, NC 27606

Launch Place Seed Fund II, LLC
Attn: Eva Doss
527 Bridge Street, Suite 200
Danville, VA 24541

OneFul Health, Inc.
Attn: Officer
PO Box 110263
Durham, NC 27709

OneFul Health, Inc.
Attn: Edison Hudson, Jr.
f/k/a Panacea Biomatx, Inc. 3700 Regency
Cary, NC 27518

OneFul Health, Inc.
Attn: Edison Hudson, Jr.
3700 Regency Parkway, Suite 140
Cary, NC 27518

PathoSans
Attn: Christine Oxenrider
100 W. Lake Dr.
Glendale Heights, IL 60139

Pittsylvania Co. Treasurer
Attn: Kim Van Der Hyde
PO Box 426
Chatham, VA 24531

Pittsylvania County Treasurer
Attn: Kim Van Der Hyde
PO Box 426
Chatham, VA 24531

Prollergy Corporation
Attn: Mike Reynoldson
6345 Balboa Blvd Bldg 3, Ste 350
Encino, CA 91316

Pureflow Inc.
Dept. #808 PO Box 1000
Memphis, TN 38148

Pureflow, Inc.
Attn: Officer
Dept. #808 P.O. Box 1000
Memphis, TN 38148

Pureflow, Inc.
1241 Jay Lane
Graham, NC 27253

Sigma Equipment, Inc.
Attn: Officer
424 E. Inglefield Rd
Evansville, IN 47725

Southeastern Paper Group, Inc.
Attn: Officer
P.O. Box 330
Browns Summit, NC 27214-0300

Southern Air, Inc.
Attn: Officer
PO Box 4205
Lynchburg, VA 24502

Southern Security Group, Inc.
Attn: Officer
1421 E. Broad St., Suite 348
Fuquay Varina, NC 27526

Spinak Consulting LLC
Attn: Officer
5 Park Place, Suite 317
Annapolis, MD 21401

Spraying Systems Co
Attn: Officer
PO Box 95564
Chicago, IL 60694-5564

Triangle Compounding Pharmacy Inc
Attn: Officer
3700 Regency Parkway, Suite 140
Cary, NC 27518

Uline
Attn: Officer
PO Box 88741
Chicago, IL 60680-1741

Videojet
Attn: Brent Walton
1500 Mittel Boulevard
Wood Dale, IL 60191

VideoJet Technologies, Inc.
Attn: Officer
12113 Collection Center Drive
Chicago, IL 60693

Virginia Dept of Taxaction
Office of Customer Services
P.O. Box 1115
Richmond, VA 23218-1115

Worth Harris
608 Gaston Street
Raleigh, NC 27603

Wyrick Robbins Yates & Ponton LLP
Attn: Officer or Managing Agent
4101 Lake Boone Trail, Suite 300
Raleigh, NC 27607